



TENNESSEE DEPARTMENT OF EDUCATION
5th floor Andrew Johnson Tower
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0376

TENNESSEE FORMATIVE ASSESSMENT PILOT APPLICATION

This document contains an application to become one of the pilot sites for the TENNESSEE FORMATIVE ASSESSMENT PROGRAM (TFAP) for the 2006-07 school year.

WHO MAY APPLY:

Any school that contains grades three through eight (in any configuration), that meets the qualifications set out in the enclosed Technology Checklist that wishes to pilot the on-line assessment program, and that has the support of its district administration as evidenced by a signed assurance page may apply.

PILOT SCHOOL OBLIGATIONS:

All schools in the pilot program must participate fully in the professional development, implementation, item reviews, and evaluation of TFAP.

SELECTION PROCESS

- Selection of schools for the pilot will be based on evaluation of the application by a team identified by the Department of Education.
- Grants will be distributed equitably across the state.

Checklist for Submitting the TFAP Application

To be considered as a pilot site, applicant must:

1. Submit the application via mail or in person. Postmark and/or delivery deadline: June 1, 2006.

Mail to: TENNESSEE DEPARTMENT OF EDUCATION

Attn. Debbie Hines
5th floor Andrew Johnson Tower
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0376

2. The following pages should be submitted in the listed descending order:

Title Page (Attachment A)

Assurances with Signatures of Principal and Director of Schools (Attachment B)

Technology Checklist (Attachment C)

If you have any questions please contact Debbie Hines, 615-532-6210, or e-mail -

Debbie.W.Hines@state.tn.us

Tennessee Formative Assessment Pilot Program

Application

Submitted by

(School)

(LEA)

(Director of Schools)

(School Administrator)

(School Street Address)

(School City, State. Zip)

(School Phone with Extension)

Contact Person for the Program

(Name)

(Title)

()
(Phone)

(E-mail address)

Attachment B: Assurances with Signature of School Principal and Signature of Director of Schools

ASSURANCES

Assurance is hereby provided that:

1. Each school piloting TFAP through this application will participate fully in the professional development, implementation, and evaluation of TFAP.

- Professional Development will consist of sessions:
 - To learn how to use the program
 - To learn how to use the software in teaching content on at least a weekly basis
 - To troubleshoot technical difficulties
 - To identify and address individual student needs
 - The State will not reimburse for a substitute for professional development sessions.
- Implementation:
 - A key person will be named as building coordinator for pilot at each school site.
 - Teachers will use TFAP in their daily planning and teaching.
 - All students and teachers in eligible grades will fully participate within a pilot school.
 - Each pilot school will provide staff for the item reviews when requested by the State Department (not to exceed 6 review sessions per year).
 - Schools may elect to use a paper/pencil option instead of on-line testing during the 2006-2007 school year. Each pilot school will be responsible for providing a scanner and answer/scan sheets compatible with TFAP.
- Evaluation:
 - Teachers will participate in discussion opportunities via email/internet throughout the pilot year for the purpose of formative evaluation.
 - Teachers will complete a survey at the conclusion of the pilot program.

2. Each pilot school will self-monitor its program use periodically to assess its progress toward achieving its goals and objectives.

3. Each pilot school will abide by the guidelines of the pilot program and will not compromise the integrity of the program.

4. Each pilot school will assure that the Tennessee Formative Assessment Program will be the only technology based formative assessment program used in that school.

WE, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of our knowledge and that the school will participate fully in the pilot program.

WE FURTHER CERTIFY that the assurances listed above will be satisfied and that all facts, figures, and representation in this application are correct to the best of our knowledge.

Signature of School Administrator

Date Signed (Mo./Day/Yr.)

Signature of Director of Schools

Date Signed (Mo./Day/Yr.)

School Grade Configuration:		Number of students served by grades:	
% of students on free/reduced lunch:		Grade 3:	
% of students who are ELL:		Grade 4:	
% of students who are special education:		Grade 5:	
		Grade 6:	
		Grade 7:	
		Grade 8:	
		Total:	

Attachment C: Technology Check

Section I – Network Information

1. Is your school connected to the Internet by a non-dial up connection?

☐ **YES** ☐ **NO** (*SKIP to #2*) ☐ **Don't know** (*SKIP to #2*)

If YES – how is your school connected? (Check one)

- | | |
|--|--|
| <input type="checkbox"/> - ISDN | <input type="checkbox"/> - ATM/SONET |
| <input type="checkbox"/> - Frame Relay | <input type="checkbox"/> - xDSL |
| <input type="checkbox"/> - Fractional T1 | <input type="checkbox"/> - Satellite |
| <input type="checkbox"/> - Full T1 | <input type="checkbox"/> - Microwave |
| <input type="checkbox"/> - T3 | <input type="checkbox"/> - Other (specify) _____ |
| <input type="checkbox"/> - Cable Modem | <input type="checkbox"/> - Fiber Optic\OC3 |
| | <input type="checkbox"/> - Don't Know |

2. Do students or teachers access your network from home through ISP connections?

☐ **YES** ☐ **NO**

3. Do you know the speed of your connection?

☐ **YES** ☐ **NO**

If YES – what is the speed? (Check one)

- | | |
|--|--|
| <input type="checkbox"/> - less than 56K bps | <input type="checkbox"/> - 512K bps |
| <input type="checkbox"/> - 128K bps | <input type="checkbox"/> - 1.5M bps |
| <input type="checkbox"/> - 256K bps | <input type="checkbox"/> - 5M bps |
| <input type="checkbox"/> - 384K bps | <input type="checkbox"/> - 10M and greater bps |

4. How many computers which meet the attached technical requirements are in lab settings? # _____ computers in # _____ labs

5. Average # of computers per classroom per participating grade that meet the attached technical requirements? # _____ computers in # _____ classrooms

6. How many computers which meet the attached technical requirements are in some other setting? # _____
Describe. _____

7. Who is the school's Internet Service Provider (ISP)? _____

8. What is the maximum number of users that will be logging in to the OFAP simultaneously?
Maximum # _____

9. Does this school meet the minimum/supported technical requirements in Section III?

☐ **YES** ☐ **NO**

Section II – Security

1. Is there a firewall installed?

☐ **YES** ☐ **NO** ☐ **Don't know**

a. If YES, is it installed at the ☐ **District level** or ☐ **School level**?

b. Is your firewall hardware or software?

☐ **Hardware** ☐ **Software** ☐ **Don't know**

c. Please provide the following information about the firewall.

Manufacturer/Model	
# Network cards:	

2. Is there a proxy server installed at your school?

☐ **YES** ☐ **NO** ☐ **Don't know**

a. If YES, is your proxy server hardware or software?

☐ **Hardware** ☐ **Software** ☐ **Don't know**

b. Please provide the following information about the proxy server.

Manufacturer/Model	
# Network cards:	

c. Is there more than 1 proxy server at your school?

☐ **YES** ☐ **NO** ☐ **Don't know**

d. If YES, is it configured the same way as listed above?

☐ **YES** ☐ **NO** ☐ **Don't know**

e. If NO, please provide the same information for all additional proxy servers. Use the Notes section below to record this information.

3. Is there any other software used to filter content and/or prevent users from downloading files from the Internet or accessing embedded links from the activity lessons?

☐ **YES** ☐ **NO** ☐ **Don't know**

If YES, please provide the following information about this/these products:

Product: _____

Maker: _____

Version: _____

Product: _____

Maker: _____

Version: _____

Section III- School Minimum Requirements

PLATFORM & BROWSER RECOMMENDATIONS

Platform: PC

Below are the minimum and recommended OS, hardware, and Web browsers for using OFAP on the PC.

Operating Systems:

Supported:	Windows 98, Windows 2000, Windows ME, Windows XP
Recommended:	Windows 2000

Processor:

Minimum:	Intel Pentium II 200 MHz, Celeron 850 MHz
Recommended:	Intel Pentium III or IV

Random Access Memory (RAM):

Minimum:	32 MB
Recommended:	120+ MB

Microsoft Internet Explorer Web Browsers:

Supported:	IE 5.0, 5.5, 6.0
Recommended:	IE 6.02

Netscape Web Browsers:

Supported:	NS 4.8
Recommended:	NS 7.02

Platform: Apple Macintosh

Below are the minimum and recommended OS, hardware, and Web browsers for using OFAP on the Mac.

Operating Systems:

Supported:	OS 9.X; OS X.2 (a.k.a. "Jaguar")
Recommended:	OS 9.2

Processor:

Minimum:	PowerPC 75 MHz
Recommended:	G3/G4 266 MHz

Random Access Memory (RAM):

Minimum:	64 MB (allocate a minimum of 30MB RAM to your browser)
Recommended:	128 MB

Microsoft Internet Explorer Web Browsers:

Supported:	IE 5.1.6 (OS 9.x); IE 5.2.2 (OS X)
Recommended:	IE 5.1.6 (OS 9.x); IE 5.2.2 (OS X)

Netscape Web Browsers:

Supported:	NS 4.77, 6.2.3 (OS 9.x); NS 7.2 (OS X)
Recommended:	NS 7.2 (both pre- and post-OS X)